

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595134

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
	1		1		1		1		51		52		53		54		
2			1						55		56		57		58		
3			1						59		60		61		62		
4			1						63		64		65		66		
5			1						67		68		69		70		
6			1						71		72		73		74		
7			1						75		76		77		78		
8			1						79		80		81		82		
9			1						83		84		85		86		
10	1								87		88		89		90		
11			1						91		92		93		94		
12			1						95		96		97		98		
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TOTAL DEP.	17																
TOTAL CLAIMS	19																